|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **END USER INFORMATION** | | | | | | | | | | | | | | | |
| TYPE OF USER: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | State Employee / Paid Intern |  | State Contractor / Unpaid Intern |  | Vendor |  | Customer (Non-State Entity) | | | | | | | | | | | | EIN: | |  | |
|  |  | |  | | | | | |  | | | | | *If applicable* | |
| FULL NAME: |  | |  | |  | | TITLE/POSITION: | | | |  | | | | |
|  | Last | | First | | M.I. | |  | | | |  | | | | |
| PHONE #: |  | EMAIL ADDRESS: | |  | | | | | | STATE AGENCY: | | |  | | |
|  |  |  | |  | | | | | |  | | |  | | |
| DEPT/DIVISION: |  | | | | | | | COMPANY: | | |  | | | | |
|  |  | | | | | | |  | | | *If applicable* | | | | |
| OFFICE LOCATION: |  | | | | |  | | | | | | | |  |  |
|  | Street Address | | | | | City | | | | | | | | State | Zip |

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| --- |
| **LAPTOP INFORMATION** |
|  |
| |  |  |  | | --- | --- | --- | | **Serial Number** *(and ADOA asset tag if available)* | **Manufacturer** | **Model** | |  |  |  | |

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| **END USER RESPONSIBILITY AGREEMENT** |
| By signing below, I affirm that   * I am responsible for all actions pertaining to the use and distribution of assigned equipment. * I understand that any security violation or misuse of equipment must be immediately reported to ADOA ASET SPR at 602-542-2252.  |  |  |  |  | | --- | --- | --- | --- | | END USER SIGNATURE: |  | DATE: |  | |  |  |  |  | |

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| **MANAGEMENT APPROVAL** |
| By signing below, as the above end user’s manager, I authorize this request.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | MANAGER’S NAME: |  | MANAGER’S SIGNATURE: |  | DATE: |  | |  | *Please Print* |  |  |  |  | |